

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26857
3228

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3228

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) LIFE	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
		d. STREET ADDRESS (If rural, give location) 3541 Harrison	
3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle) H.	
		c. (Last) FRANCIS	
4. DATE OF DEATH (Month) (Day) (Year) July 25, 1950			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH MAR 12, 1883
9. AGE (In years last birthday) 66 67		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician - D.O.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MO
			12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Jacob Francis		13b. MOTHER'S MAIDEN NAME Violet Brock	
		14. NAME OF HUSBAND OR WIFE Florence Francis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes w. w. # 1		16. SOCIAL SECURITY NO. no	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. John Rodatz 3541 Harrison	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH Months 334X	
19a. DATE OF OPERATION 7-29-50		19b. MAJOR FINDINGS OF OPERATION No evidence of subdural clot	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-23 , 19 50 , to 7-25 , 19 50 , that I last saw the deceased alive on 7-25 , 19 50 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Donald F. Coburn (Degree or title) Donald F. Coburn M.D.		23b. ADDRESS 411 Nichols Road, KC-2 Mo.	
23c. DATE SIGNED 7-26-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-27-50	
24c. NAME OF CEMETERY OR CREMATORY mt moriah		24d. LOCATION (City, town, or county) (State) K. C. Mo.	
DATE REC'D BY LOCAL REG. 7-27-50		REGISTRAR'S SIGNATURE Sheraldine Holmes	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Donald F. Coburn
411 Alameda Rd. (apt. 2100)
Je 1643

JAN 29 1951

AUG 15 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Max E. Meyer

Licensed Embalmer No. 4555

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.